

SCJA 23 Rev. 5/98		FINANCIAL AFFIDAVIT IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE	
IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)			
IN THE CASE OF <u>Eduardo Alicea Torres v.s. U.S.A.</u>		LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
PERSON REPRESENTED (Show your full name) <div style="border: 1px solid black; padding: 5px;"> <u>Eduardo Alicea-Torres</u> </div>		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		DOCKET NUMBERS Magistrate <div style="border: 1px solid black; padding: 5px;"> District Court </div> Court of Appeals	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: <u>Bureau of Prisons</u>															
		IF YES, how much do you earn per month? \$ <u>\$15.00 (Fifteen)</u>		IF NO, give month and year of last employment How much did you earn per month? \$ _____													
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ <u>N/A NOT MARRIED</u>															
		If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____															
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
	RECEIVED SOURCES																
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____ _____ _____																
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____																
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
	VALUE DESCRIPTION																
	IF YES, GIVE THE VALUE AND DESCRIBE IT _____ _____ _____																
PROPERTY																	
OBLIGATIONS & DEBTS	MARITAL STATUS Total No. of Dependents List persons you actually support and your relationship to them <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> DEPENDENTS { <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED </div> <div style="width: 30%; text-align: center;"> _____ _____ _____ </div> <div style="width: 30%;"> _____ _____ _____ </div> </div>																
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) {																
	APARTMENT OR HOME: <u>N/A</u>																
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Creditors</th> <th style="width: 20%;">Total Debt</th> <th style="width: 20%;">Monthly Paymt.</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>_____</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>_____</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> <tr> <td>_____</td> <td>\$ <u>0</u></td> <td>\$ <u>0</u></td> </tr> </tbody> </table>			Creditors	Total Debt	Monthly Paymt.	_____	\$ <u>0</u>	\$ <u>0</u>	_____	\$ <u>0</u>	\$ <u>0</u>	_____	\$ <u>0</u>	\$ <u>0</u>	_____	\$ <u>0</u>
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_____	\$ <u>0</u>	\$ <u>0</u>															

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) _____

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)Eduardo Alicea